

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	<del>X</del>	<del>X</del>							
2	1								
3	<del>X</del>	<del>X</del>							
4		1							
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TOTAL IND.	1						TOTAL IND.		
TOTAL DEP.	4						TOTAL DEP.		
TOTAL CLAIMS	5						TOTAL CLAIMS		